

**Carver, Beverley (DEQ)**

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**From:** Carver, Beverley (DEQ)  
**Sent:** Friday, July 10, 2015 11:57 AM  
**To:** William Youell (wyouell@pactiv.com)  
**Subject:** Pactiv, LLC - VA0001767 - Application Complete Letter

July 10, 2015

Mr. William R. Youell, PE  
Technical Manager  
Pactiv, LLC  
149 Grand Caverns Drive  
Grottoes, Virginia 24441

Re: Pactiv, LLC, VPDES Permit No. VA0001767, Augusta County

Dear Mr. Youell:

Your application has been reviewed and appears to be complete. The next steps involve assembling the information necessary to develop the permit limitations and then drafting the permit. Once the draft permit is prepared and the appropriate reviews are performed, I will transmit the draft permit and supporting documentation to you for review. I expect to have this draft permit package to you within the next 2 months.

The Department of Environmental Quality strives to complete the permitting process in a timely manner. If you have any questions about our procedures or the status of your draft permit, please do not hesitate to contact us.

Sincerely,

Bev Carver  
Water Permit Writer

Beverley W. Carver  
Water Permit Writer Senior  
Department of Environmental Quality  
Valley Regional Office  
4411 Early Road, Harrisonburg, VA  
Phone: (540) 574-7805 FAX: (540) 574-7878  
email: [Beverley.Carver@deq.virginia.gov](mailto:Beverley.Carver@deq.virginia.gov)  
web: [www.deq.virginia.gov](http://www.deq.virginia.gov)  
Mail: P.O. Box 3000, Harrisonburg, VA 22801

**MEMORANDUM**  
**DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**VALLEY REGIONAL OFFICE**

4411 Early Road - P.O. Box 3000

Harrisonburg, VA 22801

SUBJECT: Application Errata for VPDES Permit No. VA0001767, Pactiv, LLC, Augusta County

TO: PP File

FROM: Bev Carver *Bev Carver*

DATE: July 8, 2015

The following deficiencies were noted in the subject permit reissuance application:

The Application Addendum listed the owner of the permit as Pactiv, LLC. The Form 2A application in Part A.2. indicated that the owner name was Pactiv, LLC – Grottoes Plastics Plant. The owner name should be the same in both places.

The State Corporation Commission web site indicated that Pactiv, LLC is currently registered as an active business entity so the owner of the VPDES permit should be Pactiv, LLC.

The deficiencies noted are insignificant and will not affect the preparation of a legally and technically defensible draft permit.

Reviewer Concurrence: DMJ, 7/8/15

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☒ Keyword ☐ Starts With ☐ Contains

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Show 25 entries

SCC ID	Business Entity Name	Entity Type	Status
1 <a href="#">T0488165</a>	<a href="#">PACTIV LLC</a>	Foreign Limited Liability Company	Active
2 <a href="#">F1219833</a>	<a href="#">PACTIV BUSINESS SERVICES INC.</a>	Foreign Corporation	Purged
3 <a href="#">F0181281</a>	<a href="#">PACTIV CORPORATION</a>	Foreign Corporation	Converted
4 <a href="#">F1169293</a>	<a href="#">PACTIV LEASING COMPANY</a>	Foreign Corporation	Purged
5 <a href="#">S4563195</a>	<a href="#">RMVSR LLC, RMVJR LLC, ACV LLC</a>	Limited Liability Company	Old Name

Showing 1 to 5 of 5 entries

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Build #: 1.0.0.24456



Grottoes Plastics Plant  
149 Grand Caverns Drive  
Grottoes, VA 24441

June 29, 2015

Ms. Beverley Carver  
Valley Regional Office  
Department of Environmental Quality  
P.O. Box 3000  
Harrisonburg, VA 22801

**Via Hand Delivery**

**DEQ VALLEY**

**JUN 30 2015**

To: \_\_\_\_\_  
Date: \_\_\_\_\_

**RE: VPDES Permit No. 0001767 Renewal  
2015 Application Submittal**

Dear Ms. Carver:

Find attached one copy of the following forms which constitute our formal submittal for renewal of the plant's existing VPDES permit:

1. Permit Application Fee Form
2. Form 1, General Information
3. Form 2A, NPDES Form 2A Application Overview
4. Form 2C, Application for Permit to Discharge Wastewater
5. VPDES General Permit Registration Statement – Industrial Activity Storm Water Discharges (VAR05) Form
6. VPDES Permit Application Addendum
7. VPDES Sewage Sludge Permit Application Form
8. Public Notice Billing Information

Per 9VAC 25-31-110 A ii, Timothy R. Shiflett, Plant Manager meets signatory requirements for this permit application.

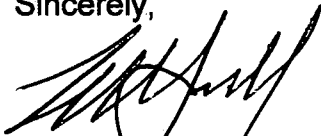
This submittal closely mirrors the application provided in 2010. Please note more efficient water utilization has reduced water usage significantly at the Grottoes facility.

Respective of the Form 2C, time proportional composite samples were collected for Outfall 001 in lieu of flow proportional composite samples due to the relatively constant utilization of non-contact cooling water, and grab samples from Outfall 101 were used in lieu of 24-hour composites for data required in Form 2A due to the flow equalization in

place at wastewater treatment. These exceptions were discussed with you prior to the sample collection.

If you have any questions concerning information found in the referenced forms, do not hesitate to contact me at (540) 249-2022. In addition, please advise me of any additional informational requirements.

Sincerely,



William B. Youell, PE  
Technical Manager

CC: T. R. Shiflett  
M. W. Rehor

DEQ VALLEY

JUN 30 2015

To: \_\_\_\_\_  
Date: \_\_\_\_\_

**VPDES/VPA Permit Billing Information Form  
for Annual Maintenance Fee**

**Facility Name:** Pactiv, LLC - Grottoes Plastics Plant  
**Permit Number:** VA0001767  
**Owner Name:** Pactiv, LLC  
**Owner Address:** Accounts Payable  
PO Box 5040  
Lake Forest, IL 60045  
**Billing Contact Name:** William R. Youell  
**Title:** Technical Manager  
**Phone Number:** (540)249-2022  
**E-Mail Address:** APSupport@Pactiv.com or wyouell@pactiv.com

**DEQ VALLEY**

**JUN 30 2015**

**To:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

FORM <b>1</b> GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER				
				T/A C				
				D				
				13 14 15				
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS				
I. EPA I.D. NUMBER	If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.							
III. FACILITY NAME								
V. FACILITY MAILING ADDRESS								
VI. FACILITY LOCATION								
II. POLLUTANT CHARACTERISTICS								
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of <b>bold-faced terms</b> .								
SPECIFIC QUESTIONS		Mark "X"		Mark "X"				
		YES	NO	FORM ATTACHED	YES	NO	FORM ATTACHED	
A. Is this facility a <b>publicly owned treatment works</b> which results in a <b>discharge to waters of the U.S.</b> ? (FORM 2A)			X			X		
		16	17	18		19	20	21
C. Is this a facility which currently results in <b>discharges to waters of the U.S.</b> other than those described in A or B above? (FORM 2C)		X		X		X		
		22	23	24		25	26	27
E. Does or will this facility treat, store, or dispose of <b>hazardous wastes</b> ? (FORM 3)			X			X		
		28	29	30		31	32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X			X		
		34	35	36		37	38	39
I. Is this facility a proposed <b>stationary source</b> which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X			X		
		40	41	42		43	44	45
J. Is this facility a proposed <b>stationary source</b> which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)						X		
		46	47	48		49	50	51
III. NAME OF FACILITY								
C SKIP Pactiv LLC - Grottoes Plastics Plant								
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60								
IV. FACILITY CONTACT								
A. NAME & TITLE (last, first, & title)								
C 2 Youell, William Technical Manager								
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60								
B. PHONE (area code & no.)								
(540) 249-2022								
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60								
V. FACILITY MAILING ADDRESS								
A. STREET OR P.O. BOX								
C 3 149 Grand Caverns Drive								
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60								
B. CITY OR TOWN								
C 4 Grottoes								
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60								
C. STATE								
VA								
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60								
D. ZIP CODE								
24441								
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60								
VI. FACILITY LOCATION								
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER								
C 5 149 Grand Caverns Drive								
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60								
B. COUNTY NAME								
Augusta								
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60								
C. CITY OR TOWN								
C 6 Grottoes								
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60								
D. STATE								
VA								
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60								
E. ZIP CODE								
24441								
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60								
F. COUNTY CODE (if known)								
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60								

CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND											
7	3	0	8	1	(specify) Unsupported Plastic Film						7	2	0	7	1	(specify) Packaging Paper and Plastic Film, Coated and Laminated					
C. THIRD										D. FOURTH											
7	2	6	7	3	(specify) Plastic, Foil and Coated Paper Bags						7	(specify)									

## VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?														
8	P	a	c	t	i	v	L	L	C							<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO													
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)															D. PHONE (area code & no.)														
F = FEDERAL					M = PUBLIC (other than federal or state)					P = PRIVATE					O = OTHER (specify)					P					(specify)				
E. STREET OR P.O. BOX																													

F. CITY OR TOWN															G. STATE					H. ZIP CODE					IX. INDIAN LAND				
B																									Is the facility located on Indian lands? <input type="checkbox"/> YES <input type="checkbox"/> NO				

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)															
9	N	VA0001767													9	P														
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)															
9	U														9		80515 (specify) Virginia Air Pollution Registration													
C. RCRA (Hazardous Wastes)															E. OTHER (specify)															
9	R														9		(specify)													

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

Manufacturer of Plastic Films from Syntetic Resins


DEQ VALLEY

JUN 30 2015

To: \_\_\_\_\_  
Date: \_\_\_\_\_

## XIII. CERTIFICATION (see instructions)

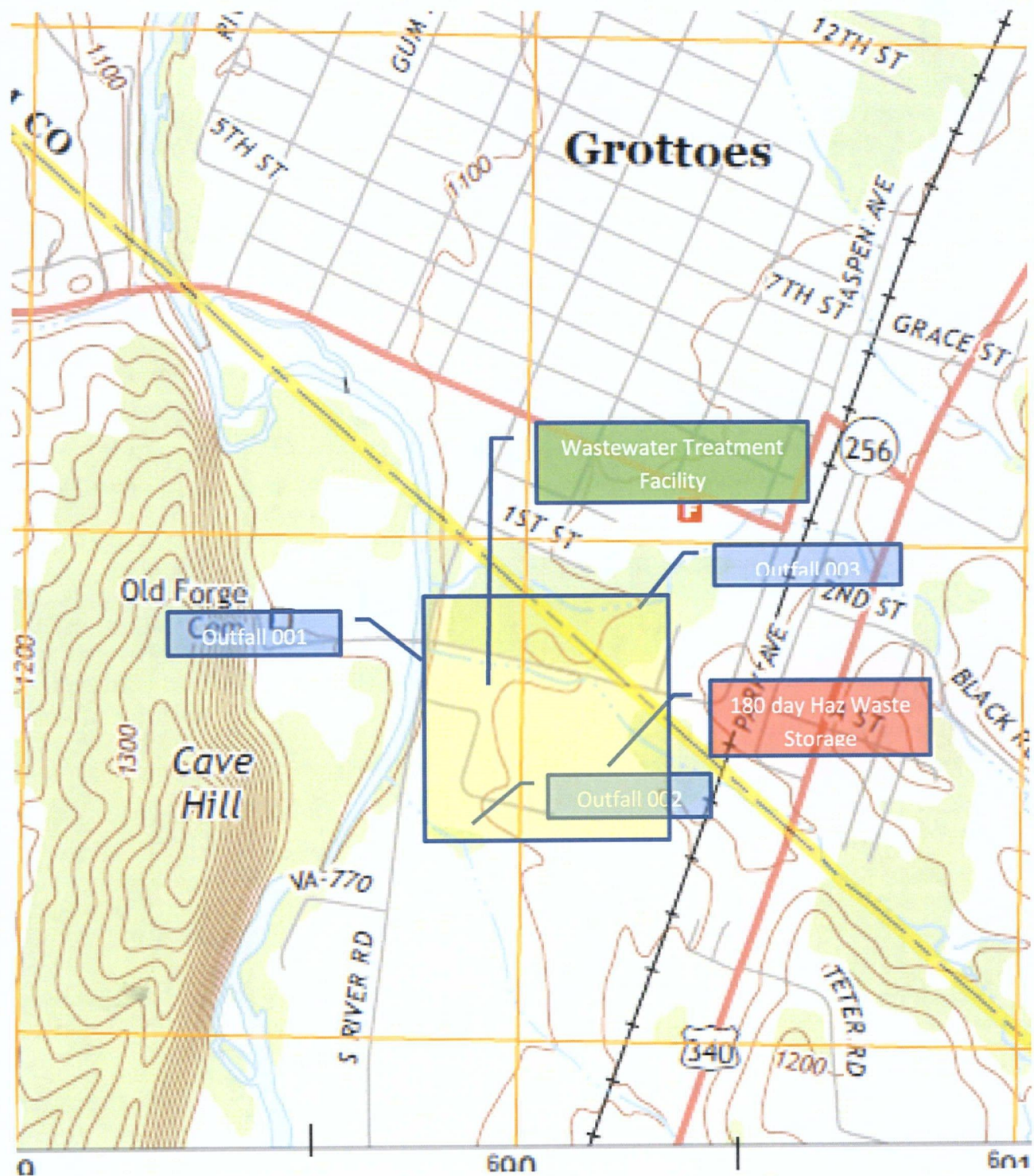
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
Timothy R. Shiflett																														6/26/2015									

## COMMENTS FOR OFFICIAL USE ONLY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--





**Grottoes Plastics Plant**

FACILITY NAME AND PERMIT NUMBER:  
Pactiv LLC - GROTTUES PLASTICS PLANT VA0001767

Form Approved 1/14/99  
OMB Number 2040-0086

## BASIC APPLICATION INFORMATION

### PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

#### A.1. Facility Information.

Facility name Pactiv LLC - GROTTUES PLASTICS PLANT

Mailing Address 149 Grand Caverns Drive, Grottoes, VA 24441

Contact person William Youell

Title Technical Manager

Telephone number (540) 249-2022

Facility Address 149 Grand Caverns Drive, Grottoes, VA 24441  
(not P.O. Box)

#### A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name same

Mailing Address

Contact person

Title

Telephone number

Is the applicant the owner or operator (or both) of the treatment works?

☐ owner ☒ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☒ facility ☐ applicant

#### A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA0001767 PSD

UIC Other 80515 (Virginia Air Pollution Registration)

RCRA Other

#### A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Not applicable</u>			
Total population served			

## FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99  
OMB Number 2040-0086

Pactiv LLC - GROTTOS PLASTICS PLANT VA0001767

## A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

## A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- 0.019/0.030
- mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>0.009</u>	<u>0.009</u>	<u>0.009</u> mgd
c. Maximum daily flow rate	<u>0.014</u>	<u>0.025</u>	<u>0.017</u> mgd

## A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %  
☐ Combined storm and sanitary sewer \_\_\_\_\_ %

## A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?

☒ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1  
ii. Discharges of untreated or partially treated effluent 0  
iii. Combined sewer overflow points 0  
iv. Constructed emergency overflows (prior to the headworks) 0  
v. Other 0

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?

☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: \_\_\_\_\_

Annual average daily volume discharged to surface impoundment(s) \_\_\_\_\_ mgd

Is discharge \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

- c. Does the treatment works land-apply treated wastewater?

☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: \_\_\_\_\_

Number of acres: \_\_\_\_\_

Annual average daily volume applied to site: \_\_\_\_\_ Mgd

Is land application \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

☐ Yes ☒ No

**FACILITY NAME AND PERMIT NUMBER:**

Pactiv LLC - GROTTOS PLASTICS PLANT VA0001767

Form Approved 1/14/99  
OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

Not applicable

If transport is by a party other than the applicant, provide:

Transporter name: Not applicable

Mailing Address: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

For each treatment works that receives this discharge, provide the following:

Name: Not applicable

Mailing Address: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

If known, provide the NPDES permit number of the treatment works that receives this discharge. \_\_\_\_\_

Provide the average daily flow rate from the treatment works into the receiving facility. \_\_\_\_\_

NA mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

\_\_\_\_ Yes



No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: \_\_\_\_\_

Is disposal through this method

\_\_\_\_\_ continuous or

\_\_\_\_\_ intermittent?

## FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99  
OMB Number 2040-0086

Pactiv LLC - GROTTUES PLASTICS PLANT VA0001767

## WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

## A.9. Description of Outfall.

- a. Outfall number 101
- b. Location Grottoes 24441  
(City or town, if applicable) (Zip Code)  
Augusta Virginia  
(County) (State)  
(Latitude) (Longitude)
- c. Distance from shore (if applicable) Not applicable ft.
- d. Depth below surface (if applicable) Not applicable ft.
- e. Average daily flow rate 0.010 mgd
- f. Does this outfall have either an intermittent or a periodic discharge? Yes ☒ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: \_\_\_\_\_
- Average duration of each discharge: \_\_\_\_\_
- Average flow per discharge: \_\_\_\_\_ mgd
- Months in which discharge occurs: \_\_\_\_\_
- g. Is outfall equipped with a diffuser? Yes ☒ No

## A.10. Description of Receiving Waters.

- a. Name of receiving water South River, tributary of South Fork, Shenandoah River
- b. Name of watershed (if known) \_\_\_\_\_
- United States Soil Conservation Service 14-digit watershed code (if known): \_\_\_\_\_
- c. Name of State Management/River Basin (if known): \_\_\_\_\_
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): \_\_\_\_\_
- d. Critical low flow of receiving stream (if applicable):  
acute \_\_\_\_\_ cfs chronic \_\_\_\_\_ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): \_\_\_\_\_ mg/l of CaCO<sub>3</sub>

## FACILITY NAME AND PERMIT NUMBER:

Pactiv LLC - GROTTUES PLASTICS PLANT VA0001767

Form Approved 1/14/99  
OMB Number 2040-0086

## A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.

☒ Primary ☒ Secondary  
☐ Advanced ☐ Other. Describe: \_\_\_\_\_

- b. Indicate the following removal rates (as applicable):

Design BOD<sub>5</sub> removal or Design CBOD<sub>5</sub> removal 90 (min) %  
 Design SS removal 90 (min) %  
 Design P removal Not applicable %  
 Design N removal Not applicable %  
 Other \_\_\_\_\_ %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Sodium Hypochlorite tablet chlorination

If disinfection is by chlorination, is dechlorination used for this outfall?

☐ Yes ☒ No

- d. Does the treatment plant have post aeration?

☐ Yes ☒ No

**A.12. Effluent Testing Information.** All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 101 (2014 Data)

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.3	s.u.			
pH (Maximum)	8.2	s.u.			
Flow Rate	0.014	MGD	0.010	MGD	365
Temperature (Winter)	44	degF	39	degF	90 (min)
Temperature (Summer)	62	degF	58	degF	90 (min)

\* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

## CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	4	mg/L	3	mg/L	12	SM5210B	3
FECAL COLIFORM		2	col/100mL	<1	col/100mL	52	SM9222 D	1
TOTAL SUSPENDED SOLIDS (TSS)		12	mg/L	9	mg/L	12	SM2540 D	1

END OF PART A.

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

**FACILITY NAME AND PERMIT NUMBER:**

Pactiv LLC - GROTTOS PLASTICS PLANT VA0001767

Form Approved 1/14/99  
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:



Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)☐ Part E (Toxicity Testing: Biomonitoring Data)☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)☐ Part G (Combined Sewer Systems)**ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Timothy R. ShiflettSignature Telephone number (540) 249-2001Date signed 6/26/2015

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

**SEND COMPLETED FORMS TO:**

EPA I.D. NUMBER (copy from Item 1 of Form 1)  
VAD041518663

Form Approved.  
OMB No. 2040-0086.  
Approval expires 3-31-98.

Please print or type in the unshaded areas only.

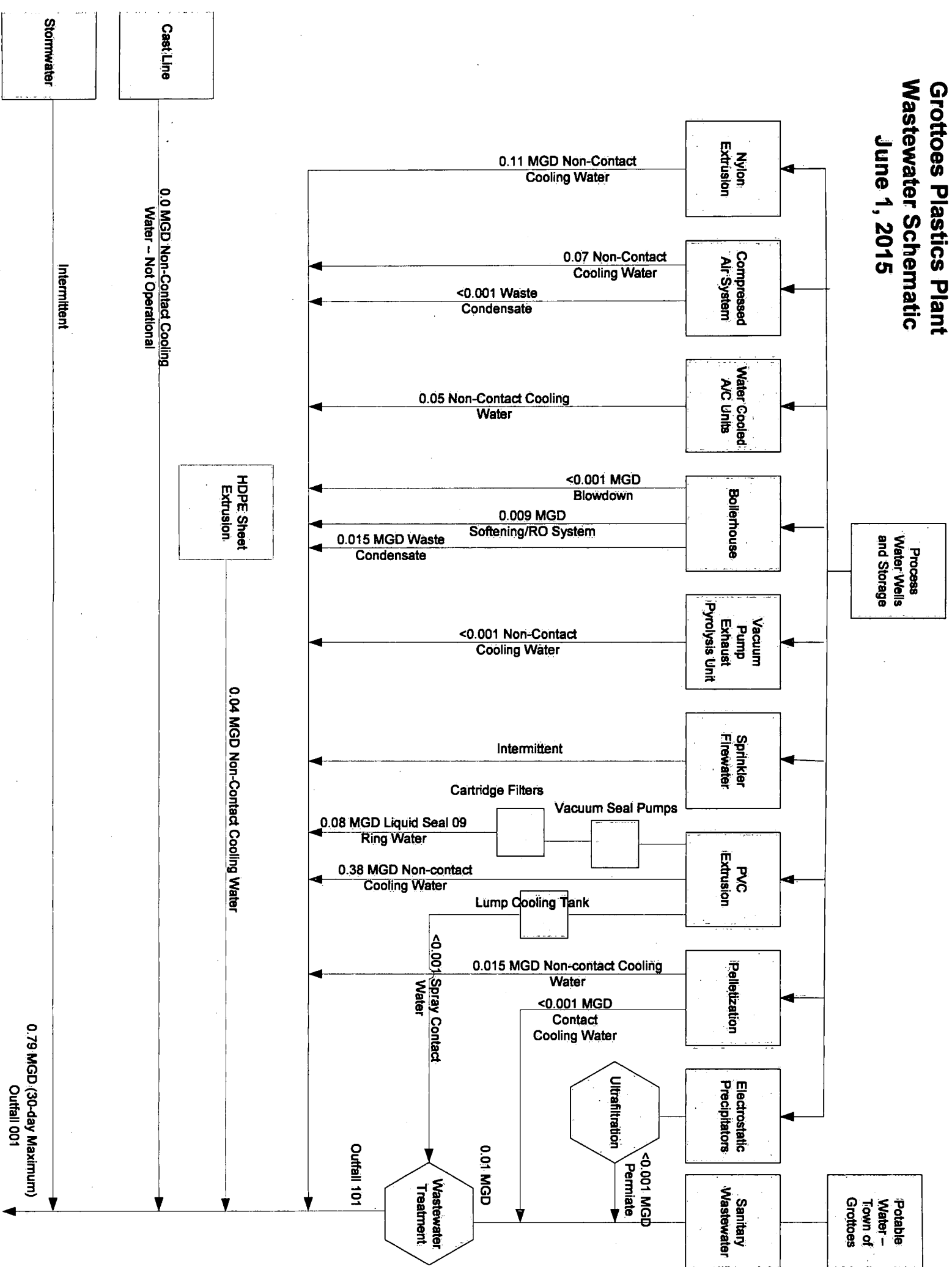
<b>FORM 2C NPDES</b>		<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER</b> <b>EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS</b> <i>Consolidated Permits Program</i>					
<b>I. OUTFALL LOCATION</b>							
For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.							
A. OUTFALL NUMBER <i>(list)</i>	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER <i>(name)</i>
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	38.00	15.00	30.00	78.00	49.00	50.00	South River
<b>II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES</b>							
A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.							
B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.							
1. OUTFALL NO. <i>(list)</i>	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT				
	a. OPERATION <i>(list)</i>	b. AVERAGE FLOW <i>(include units)</i>	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1			
001	PVC Extrusion						
	- Vacuum Pump Seal Water	0.08 MGD	10 micron cartridge filter	1-Q			
	- Non-contact Cooling Water	0.38 MGD	None				
001	Nylon Extrusion						
	- Non-contact Cooling Water	0.11 MGD	None				
001	Compressed Air System						
	- Non-contact Cooling Water	0.07 MGD	None				
	- Condensate	<0.001 MGD	None				
001	Water Cooled A/C Units						
	- Non-contact Cooling Water	0.05 MGD	None				
001	Boiler House						
	- Blowdown	<0.001 MGD	None				
	- RO/Softening System	0.009 MGD	None				
	- Condensate (Waste)	0.015 MGD	None				
001	Pelletization						
	- Non-contact Cooling Water	0.015 MGD	None				
<b>OFFICIAL USE ONLY (effluent guidelines sub-categories)</b>							



## Continuation – Form 2C, II.B.

<b>Outfall No.</b>	<b>Operation</b>	<b>Average Flow</b>	<b>Treatment Description</b>	<b>Treatment Codes</b>
001	Vacuum Pump Exhaust, Pyrolysis Unit – Seal Water	<0.001 MGD	None	
101 to 001	Wastewater Treatment			
	- Pelletization contact Cooling Water	<0.001MGD	Activated Sludge followed by chlorination	3-A, 2-F, 5-A
	- ESP Washwater via Ultrafiltration	<0.001 MGD	Ultrafiltration, followed by Activated Sludge and Chlorination	1-S, 3-A, 2-F, 5-A
	- Sanitary Wastewater	0.008 MGD	Activated Sludge followed by chlorination	3-A, 2-F, 5-A
	- Lump Cooling Tank	<0.001 MGD	Activated Sludge followed by chlorination	3-A, 2-F, 5-A
001	Stormwater	Variable	None	
001	Cast Line Non-Contact Cooling Water	Not Operational	None	
001	Sprinkler Firewater	Variable	None	
001	HDPE Sheet Extrusion Non-Contact Cooling Water	0.04 MGD	None	

# Grottoes Plastics Plant Wastewater Schematic June 1, 2015



CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☒ YES (complete the following table)☐ NO (go to Section III)

1. OUTFALL NUMBER (list)	2. OPERATION(s) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW					
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		B. TOTAL VOLUME (specify with units)		C. DURATION (in days)	
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY		
001	Water Cooled A/C Units	7	8	0.05	0.14	NA	NA	NA	
001	Boiler House RO/Softening Unit	7	12	0.009	0.011	NA	NA	NA	
001	Pyrolysis Unit Seal Water	1	12	0.001	0.001	NA	NA	NA	
001	Firewater Sprinklers	0	0	Variable		Variable			

## III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ YES (complete Item III-B)☐ NO (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?

☐ YES (complete Item III-C)☒ NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS (list outfall numbers)
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	
NA			

## IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES (complete the following table)☒ NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

EPA I.D. NUMBER (copy from Item 1 of Form 1)  
VAD0401518663

CONTINUED FROM PAGE 2

**V. INTAKE AND EFFLUENT CHARACTERISTICS**

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.  
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
None			

**VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS**

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☒ YES (list all such pollutants below )

☐ NO (go to Item VI-B)

Total zinc

CONTINUED FROM THE FRONT

**VII. BIOLOGICAL TOXICITY TESTING DATA**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ YES (identify the test(s) and describe their purposes below)

☒ NO (go to Section VIII)

**VIII. CONTRACT ANALYSIS INFORMATION**

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☒ YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☐ NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
REIC Laboratories	1557 Commerce Road, Ste. 201, Verona, VA 2482  225 Industrial Park Drive, Beaver, WV 25813  3029-C Peters Creek Road, Roanoke, VA 24019	540-248-0183  304-255-2500  540-777-1276	All parameters except pH, temperature, and residual chlorine.

**IX. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

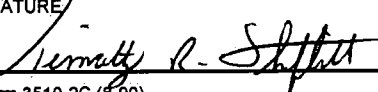
A. NAME & OFFICIAL TITLE (type or print)

Timothy R. Shiflett

B. PHONE NO. (area code & no.)

(540) 249-2001

C. SIGNATURE



D. DATE SIGNED

6/26/2015

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages.  
SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)  
VAD041518663

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)	OUTFALL NO: 001
--	--------------------

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)			
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)	<2	<4.8					1	mg/L	kg/day			
b. Chemical Oxygen Demand (COD)	<10	<24					1	mg/L	kg/day			
c. Total Organic Carbon (TOC)	<1.0	<2.4					1	mg/L	kg/day			
d. Total Suspended Solids (TSS)	<1	<2.4					1	mg/L	kg/day			
e. Ammonia (as.N)	<0.10	<.24					1	mg/L	kg/day			
f. Flow	VALUE 1.080		VALUE 0.789		VALUE 0.679		365	MGD	na	VALUE		
g. Temperature (winter)	VALUE 17		VALUE 15		VALUE 15		13	°C		VALUE		
h. Temperature (summer)	VALUE 20		VALUE 19		VALUE 19		13	°C		VALUE		
i. pH	MINIMUM 7.4	MAXIMUM 8.0	MINIMUM 7.7	MAXIMUM 7.9			52	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. <i>(if available)</i>	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE <i>(optional)</i>		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual	X		0.0	0					1	mg/L	kg/d			
c. Color		X												
d. Fecal Coliform	X		100						1	co/100mL				
e. Fluoride (18984-48-8)		X												
f. Nitrate-Nitrite (as N)	X		1.87	4.49					1	mg/L	kg/d			

## ITEM V-B-CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)	X		1.87	4.49					1	mg/L	kg/d			
h. Oil and Grease	X		<5.0	<12					1	mg/L	kg/d			
i. Phosphorus (as P), Total (7723-14-0)	X		<0.05	<0.12					1	mg/L	kg/d			
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)	X		9.0	21.6					1	mg/L	kg/d			
l. Sulfide (as S)	X		<1	<2.4					1	mg/L	kg/d			
m. Sulfite (as SO <sub>3</sub> ) (14285-45-3)	X		<2	<4.8					1	mg/L	kg/d			
n. Surfactants	X		<0.0625	<0.15					1	mg/L	kg/d			
o. Aluminum, Total (7429-90-5)	X		<0.1	<0.24					1	mg/L	kg/d			
p. Barium, Total (7440-39-3)	X		<0.1	<0.24					1	mg/L	kg/d			
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-8)	X		<0.1	<0.24					1	mg/L	kg/d			
t. Magnesium, Total (7439-85-4)	X		10.6	25.4					1	mg/L	kg/d			
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-98-5)	X		<0.1	<0.24					1	mg/L	kg/d			
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

EPA ID NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
VAD041518663	001

CONTINUED FROM PAGE 3 OF FORM 2-C

**PART C -** If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)							
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES				
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS					
<b>METALS, CYANIDE, AND TOTAL PHENOLS</b>																			
1M. Antimony, Total (7440-38-0)	X			<0.2	<0.48					1	mg/L	kg/d							
2M. Arsenic, Total (7440-38-2)	X			<0.2	<0.48					1	mg/L	kg/d							
3M. Beryllium, Total (7440-41-7)	X			<0.01	<0.02					1	mg/L	kg/d							
4M. Cadmium, Total (7440-43-9)	X			<0.02	<0.05					1	mg/L	kg/d							
5M. Chromium, Total (7440-47-3)	X			<0.1	<0.2					1	mg/L	kg/d							
6M. Copper, Total (7440-50-8)	X			<0.1	<0.2					1	mg/L	kg/d							
7M. Lead, Total (7439-92-1)	X			<0.2	<0.5					1	mg/L	kg/d							
8M. Mercury, Total (7439-97-6)	X			<0.001	0.002					1	mg/L	kg/d							
9M. Nickel, Total (7440-02-0)	X			<0.1	<0.24					1	mg/L	kg/d							
10M. Selenium, Total (7782-49-2)	X			<0.2	<0.5					1	mg/L	kg/d							
11M. Silver, Total (7440-22-4)	X			<0.05	<0.12					1	mg/L	kg/d							
12M. Thallium, Total (7440-28-0)	X			<0.2	<0.5					1	mg/L	kg/d							
13M. Zinc, Total (7440-66-6)	X			<0.05	<0.12					1	mg/L	kg/d							
14M. Cyanide, Total (57-12-5)	X			<0.02	<0.05					1	mg/L	kg/d							
15M. Phenols, Total	X			<0.01	<0.02					1	mg/L	kg/d							
<b>DIOXIN</b>																			
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1784-01-6)			X	DESCRIBE RESULTS															



CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION - VOLATILE COMPOUNDS																
1V. Accrolein (107-02-8)	X			<10.00	<24					1	ug/L	g/d				
2V. Acrylonitrile (107-13-1)	X			<10.00	<24					1	ug/L	g/d				
3V. Benzene (71-43-2)	X			<1.00	<2.4					1	ug/L	g/d				
4V. Bis (Chloromethyl) Ether (542-88-1)	X			<1.00	<2.4					1	ug/L	g/d				
5V. Bromoform (75-25-2)	X			<1.00	<2.4					1	ug/L	g/d				
6V. Carbon Tetrachloride (56-23-5)	X			<1.00	<2.4					1	ug/L	g/d				
7V. Chlorobenzene (108-90-7)	X			<1.00	<2.4					1	ug/L	g/d				
8V. Chlorodibromomethane (124-48-1)	X			<1.00	<2.4					1	ug/L	g/d				
9V. Chloroethane (75-00-3)	X			<1.00	<2.4					1	ug/L	g/d				
10V. 2-Chloroethylvinyl Ether (110-75-8)	X			<5.00	<12					1	ug/L	g/d				
11V. Chloroform (67-66-3)	X			<1.00	<2.4					1	ug/L	g/d				
12V. Dichlorobromomethane (75-27-4)	X			<1.00	<2.4					1	ug/L	g/d				
13V. Dichlorodifluoromethane (75-71-8)	X			<1.00	<2.4					1	ug/L	g/d				
14V. 1,1-Dichloroethane (75-34-3)	X			<1.00	<2.4					1	ug/L	g/d				
15V. 1,2-Dichloroethane (107-06-2)	X			<1.00	<2.4					1	ug/L	g/d				
16V. 1,1-Dichloroethylene (75-35-4)	X			<1.00	<2.4					1	ug/L	g/d				
17V. 1,2-Dichloropropane (78-87-5)	X			<1.00	<2.4					1	ug/L	g/d				
18V. 1,3-Dichloropropylene (542-75-8)	X			<1.00	<2.4					1	ug/L	g/d				
19V. Ethylbenzene (100-41-4)	X			<1.00	<2.4					1	ug/L	g/d				
20V. Methyl Bromide (74-83-9)	X			<1.00	<2.4					1	ug/L	g/d				
21V. Methyl Chloride (74-87-3)	X			<1.00	<2.4					1	ug/L	g/d				

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30-DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION - VOLATILE COMPOUNDS (continued)																
22V. Methylene Chloride (75-09-2)	X			<1.00	<2.4					1	ug/L	g/d				
23V. 1,1,2,2-Tetrachloroethane (79-34-5)	X			<1.00	<2.4					1	ug/L	g/d				
24V. Tetrachloroethylene (127-18-4)	X			<1.00	<2.4					1	ug/L	g/d				
25V. Toluene (108-88-3)	X			<1.00	<2.4					1	ug/L	g/d				
26V. 1,2-Trans-Dichloroethylene (156-60-5)	X			<1.00	<2.4					1	ug/L	g/d				
27V. 1,1,1-Trichloroethane (71-55-8)	X			<1.00	<2.4					1	ug/L	g/d				
28V. 1,1,2-Trichloroethane (79-00-5)	X			<1.00	<2.4					1	ug/L	g/d				
29V. Trichloroethylene (79-01-8)	X			<1.00	<2.4					1	ug/L	g/d				
30V. Trichlorofluoromethane (75-69-4)	X			<1.00	<2.4					1	ug/L	g/d				
31V. Vinyl Chloride (75-01-4)	X			<1.00	<2.4					1	ug/L	g/d				
GC/MS FRACTION - ACID COMPOUNDS																
1A. 2-Chlorophenol (95-57-8)			X													
2A. 2,4-Dichlorophenol (120-83-2)			X													
3A. 2,4-Dimethylphenol (105-87-9)			X													
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X													
5A. 2,4-Dinitrophenol (51-28-5)			X													
6A. 2-Nitrophenol (88-75-5)			X													
7A. 4-Nitrophenol (100-02-7)			X													
8A. P-Chloro-M-Cresol (59-50-7)			X													
9A. Pentachlorophenol (87-88-5)			X													
10A. Phenol (108-95-2)			X													
11A. 2,4,6-Trichlorophenol (88-05-2)			X													

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION-- BASE/NEUTRAL COMPOUNDS																
1B. Acenaphthene (83-32-9)			X													
2B. Acenaphthylene (208-96-8)			X													
3B. Anthracene (120-12-7)			X													
4B. Benzidine (92-87-5)			X													
5B. Benzo (a) Anthracene (56-55-3)			X													
6B. Benzo (a) Pyrene (50-32-8)			X													
7B. 3,4-Benzo- fluoranthene (205-99-2)			X													
8B. Benzo (ghi) Perylene (191-24-2)			X													
9B. Benzo (k) Fluoranthene (207-08-9)			X													
10B. Bis (2-Chloro- ethoxy) Methane (111-91-1)			X													
11B. Bis (2-Chloro- ethyl) Ether (111-44-4)			X													
12B. Bis (2- Chloroisopropyl) Ether (102-80-1)			X													
13B. Bis (2-Ethyl- hexyl) Phthalate (117-81-7)			X													
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X													
15B. Butyl Benzyl Phthalate (85-68-7)			X													
16B. 2-Chloro- naphthalene (91-58-7)			X													
17B. 4-Chloro- phenyl Phenyl Ether (7005-72-3)			X													
18B. Chrysene (218-01-9)			X													
19B. Dibenzo (a,h) Anthracene (53-70-3)			X													
20B. 1,2-Dichloro- benzene (95-50-1)			X													
21B. 1,3-Di-chloro- benzene (541-73-1)			X													

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)																
22B. 1,4-Dichlorobenzene (106-48-7)			X													
23B. 3,3-Dichlorobenzidine (91-94-1)			X													
24B. Diethyl Phthalate (84-68-2)			X													
25B. Dimethyl Phthalate (131-11-3)			X													
26B. Di-N-Butyl Phthalate (84-74-2)			X													
27B. 2,4-Dinitrotoluene (121-14-2)			X													
28B. 2,6-Dinitrotoluene (806-20-2)			X													
29B. Di-N-Octyl Phthalate (117-84-0)			X													
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X													
31B. Fluoranthene (206-44-0)			X													
32B. Fluorene (86-73-7)			X													
33B. Hexachlorobenzene (118-74-1)			X													
34B. Hexachlorobutadiene (87-68-3)			X													
35B. Hexachlorocyclopentadiene (77-47-4)			X													
36B. Hexachloroethane (67-72-1)			X													
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X													
38B. Isophorone (78-59-1)			X													
39B. Naphthalene (91-20-3)			X													
40B. Nitrobenzene (98-95-3)			X													
41B. N-Nitrosodimethylamine (62-75-9)			X													
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X													

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)																
43B. N-Nitro-sodiphenylamine (88-30-8)			X													
44B. Phenanthrene (85-01-8)			X													
45B. Pyrene (129-00-0)			X													
46B. 1,2,4-Tri-chlorobenzene (120-82-1)			X													
GC/MS FRACTION – PESTICIDES																
1P. Aldrin (309-00-2)			X													
2P. α-BHC (319-84-8)			X													
3P. β-BHC (319-85-7)			X													
4P. γ-BHC (58-89-9)			X													
5P. δ-BHC (319-88-8)			X													
6P. Chlordane (57-74-9)			X													
7P. 4,4'-DDT (50-29-3)			X													
8P. 4,4'-DDE (72-55-9)			X													
9P. 4,4'-DDD (72-54-8)			X													
10P. Dieldrin (60-57-1)			X													
11P. α-Endosulfan (115-29-7)			X													
12P. β-Endosulfan (115-29-7)			X													
13P. Endosulfan Sulfate (1031-07-8)			X													
14P. Endrin (72-20-8)			X													
15P. Endrin Aldehyde (7421-83-4)			X													
16P. Heptachlor (76-44-8)			X													

EPA I.D. NUMBER (copy from Item 1 of Form 1)

OUTFALL NUMBER

VAD041518663

001

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES		
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS			
GC/MS FRACTION - PESTICIDES (continued)																	
17P. Heptachlor Epoxide (1024-57-3)			X														
18P. PCB-1242 (53469-21-9)			X														
19P. PCB-1254 (11097-69-1)			X														
20P. PCB-1221 (11104-28-2)			X														
21P. PCB-1232 (11141-18-5)			X														
22P. PCB-1248 (12672-29-8)			X														
23P. PCB-1260 (11096-82-5)			X														
24P. PCB-1016 (12674-11-2)			X														
25P. Toxaphene (8001-35-2)			X														

**VPDES General Permit for Industrial Activity Stormwater Discharges (VAR05)  
Registration Statement**

(Please Type or Print All Information)

**1a. Facility Owner**

Name: Pactiv, LLC

Mailing Address: 149 Grand Caverns Drive

City: Grottoes State: VA Zip: 24441 Phone: (540)249-2022

E-Mail Address (where available): wyouell@pactiv.com

**1b. Operator Applying For Permit Coverage (If different than "1a")**

Name: same

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address (where available): \_\_\_\_\_

**2. Facility Information**

Facility Name: Pactiv, LLC – Grottoes Plastics Plant

Street Address: 149 Grand Caverns Drive

City: Grottoes State: VA Zip: 24441 FAX Number: \_\_\_\_\_

County Name: Augusta

Contact Name: William R. Youell Phone: (540)249-2022

E-Mail Address (where available): wyouell@pactiv.com

**3. Nature of business (provide a brief description):** Manufacture of plastic films from synthetic resins

**4. Names of the receiving waters for all industrial activity discharges:** South River

**5. Are any of the discharges through a municipal separate storm sewer system (MS4)?** Yes ☐ No ☒

If "yes", provide the name of the MS4 owner: NA

*Note: Permit Special Condition 13 requires the permittee to notify the MS4 owner in writing of the existence of the discharge within 30 days of coverage under this permit. The notification must include the following information: the name of the facility, a contact person and phone number, the location of the discharge, the nature of the discharge, and the facility's VPDES general permit registration number. DEQ must be copied with the notification.*

**6. Permit Numbers for any existing VPDES permits assigned to the facility:** VA0001767

**7. For a new facility, a facility previously covered by an expiring individual permit, or an existing facility not currently covered by a VPDES permit, has a SWPPP been prepared?** Yes ☒ No ☐

**8. Identify up to four 4-digit Standard Industrial Classification (SIC) Codes or 2-letter Industrial Activity Codes that best represent the principal products or services rendered by the facility and major co-located activities.**

*The 2-letter Industrial Activity Codes are: HZ - hazardous waste treatment, storage, or disposal facilities; LF - landfills/disposal facilities that receive or have received any industrial wastes; SE - steam electric power generating facilities; or, TW - treatment works treating domestic sewage.*

**4-Digit SIC Codes or 2-letter Industrial Activity Codes:** 3081 2673 2671

9. Attach a list identifying all the applicable industrial sectors that cover the stormwater discharges from the industrial activities at the facility, and from major co-located industrial activities that will be covered under this permit (see instructions). Also identify the stormwater outfalls associated with each identified sector.

In addition to attaching the list, answer the questions below as they apply to the facility's discharges: *Only applicable sector is Sector Y – Outfalls 001 and 002*

- a. For landfills (Sector L), indicate the type of landfill: NA
- b. For timber products operations (Sector A), indicate which outfalls (if any) receive discharges from wet decking areas: NA
- c. For all facilities, indicate which outfalls (if any) receive discharges from coal storage piles: NA
- d. For asphalt paving and roofing materials manufacturers (Sector D), indicate which outfalls (if any) receive discharges from asphalt paving and roofing emulsions production areas: NA
- e. For cement manufacturing facilities (Sector E), indicate which outfalls (if any) receive discharges from material storage piles: NA
- f. For (Sector N) scrap recycling/waste recycling facilities that receive only source-separated recyclable materials, indicate which outfalls (if any) receive discharges from this activity. Also list the metals that are received (if any).  
NA
- g. For primary airports (Sector S), list the average deicing season, and indicate which outfalls (if any) receive discharges from deicing of non-propeller aircraft, and the annual average departures of non-propeller aircraft.  
NA

10. Facility area information. List the total area of the facility (in acres), the area of industrial activity at the facility (in acres), the total impervious area of the industrial activity at the facility (in acres), and the area (in acres) draining to each industrial activity outfall at the facility. Total Area: 81 acres; Area of Industrial Activity: 31 acres; Total Impervious Area: 7 acres; Outfall 001: 8 acres; 002: 23 acres; 003: <1 acres

11. Attach the following maps to the registration statement:

- a. **General location map.** A USGS 7.5 minute topographic map, or other equivalent computer generated map, with sufficient resolution to clearly show the location of the facility and the surrounding locale; and
- b. **Site map.** A map showing the property boundaries, the location of all industrial activity areas, all stormwater outfalls, and all water bodies receiving stormwater discharges from the site.

12. Is this a new facility that commenced construction after June 30, 2014, located in the Chesapeake Bay watershed, and applying for first time general permit coverage? (see instructions) Yes ☐ No ☒

If "yes", attach the required documentation (see instructions).

13. **Certification:** "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

Print Name Timothy R. Shiflett

Title: Plant Manager

Signature: Timothy R. Shiflett

Date: 6/26/2015

14. Would you like your permit sent to you electronically? Yes ☒ No ☐

If "Yes", please list the email address to send it to: wyouell@pactiv.com

**For Department of Environmental Quality Use Only**

Accepted/Not Accepted by: \_\_\_\_\_

Date: \_\_\_\_\_

Basin \_\_\_\_\_

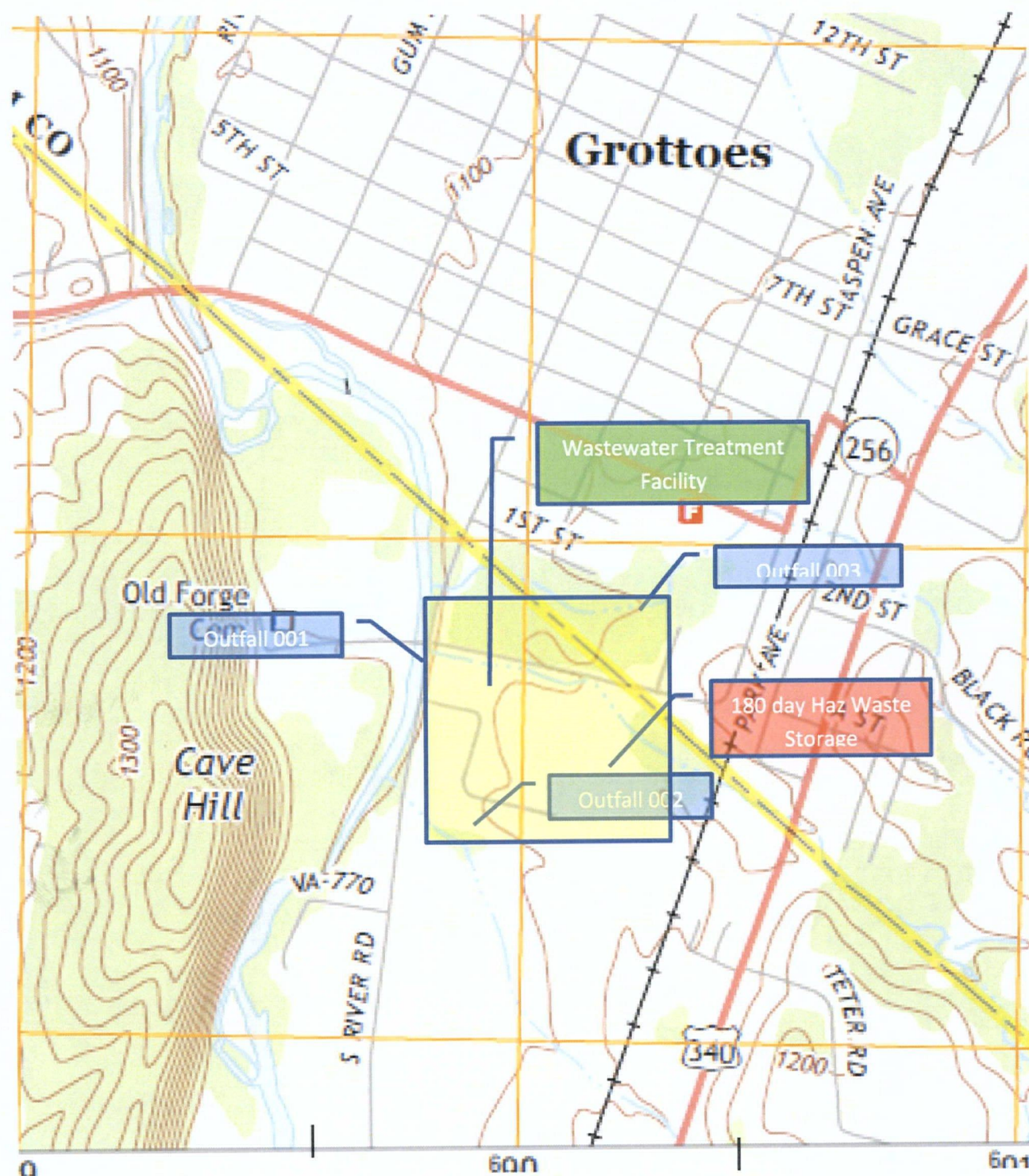
Stream Class \_\_\_\_\_

Section \_\_\_\_\_

Special Standards \_\_\_\_\_



Antidegradation Checked? Y☐ N☐ Impaired Waters Discharge? Y☐ N☐ TMDL approved? Y☐ N☐



**Grottoes Plastics Plant**

## VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Pactiv, LLC  
*Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.*
2. **Is this facility located within city or town boundaries?** ☐ YES ☒ NO  
Include a topographic map identifying the location of the facility, the property boundaries, and the discharge point.
3. **What is the tax map parcel number for the land where this facility is located?** 029-14
4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** 0
5. **ALL FACILITIES: What is the design average flow of this facility?** 0.019 MGD  
**Industrial facilities: What is the maximum 30-day avg. production level (include units)?** 4,800,000 pounds

**In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels?** ☐ YES ☒ NO

**If "Yes", please specify the other flow tiers (in MGD) or production levels:** \_\_\_\_\_  
*Please consider: Is your facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?*

6. **Nature of operations generating wastewater:**  
Polyvinyl Chloride, nylon, polyethylene film manufacturing
- 0 % of flow from domestic connections/sources  
Number of private residences to be served by the wastewater treatment facilities: ☐ 0 ☐ 1-49 ☐ 50 or more
- 100 % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☒ Continuous ☐ Intermittent ☐ Seasonal  
Describe frequency and duration of intermittent or seasonal discharges:

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**  
☒ Permanent stream, never dry  
☐ Intermittent stream, usually flowing, sometimes dry  
☐ Ephemeral stream, wet-weather flow, often dry  
☐ Effluent-dependent stream, usually or always dry  
☐ Lake or pond at or below the discharge point  
☐ Other: \_\_\_\_\_

9. **Consent to receive electronic mail**  
The Department of Environmental Quality (DEQ) may deliver permits, certifications and plan approvals to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

☒ Applicant or permittee agrees to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.  
Please provide email: wyouell@pactiv.com

☐ Applicant or permittee declines to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity.

# VPDES Sewage Sludge Permit Application for Permit Reissuance

## Instructions

WHO MUST SUBMIT THE APPLICATION - All facilities with a current VPDES Permit that authorizes the discharge of treated sewage wastewater that are applying for reissuance must complete and submit this application.

Part 1 is general information to be provided by all facilities.

Part 2 must be completed by all facilities that generate Class A or Class B biosolids that are land applied.

Part 3 must be completed by all facilities that land apply Class B biosolids.

## Part 1 - Sludge Disposal Management (To be completed by all facilities)

Facility Name: Pactiv, LLC - Grottoes Plastics Plant

VPDES Permit No: VA0001767

### 1. Shipment Off Site for Treatment or Blending

Is sewage sludge from your facility sent to another facility that provides treatment or blending?

☒ Yes ☐ No

If you send sewage sludge to more than one facility, attach additional sheets as necessary.

Shipment off site is: ☒ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Receiving Facility Name

North River WWTF

b. Receiving Facility VPDES Permit No.

VA0060640

c. Include an acceptance letter from the Receiving Facility.

d. Receiving Facility's ultimate disposal method for sewage sludge Contract Land Application; Landfill

### 2. Disposal in a Municipal Solid Waste Landfill

Is sewage sludge from your facility placed in a municipal solid waste landfill?

☐ Yes ☒ No

If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

Landfilling is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Landfill Name

b. Landfill Permit No.

c. Include an acceptance letter from the landfill.

### 3. Incineration

Is sewage sludge from your facility fired in a sewage sludge incinerator?

☐ Yes ☒ No

Incineration is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?

☐ Yes ☐ No

If yes, provide the Air Registration No. \_\_\_\_\_

If no, complete items b - d for each incinerator that you do not own or operate.

b. Facility Name

c. Air Registration No.

d. Include an acceptance letter from the Incinerator.

### 4. Class A Biosolids

Do you produce Class A biosolids for land application or distribution and marketing? If yes, complete Part 2.

☐ Yes ☒ No

Are Class A biosolids from your facility land applied in bulk?

☐ Yes ☐ No

Do you sell or give away Class A biosolids in a bag or other container for application to the land? If yes, provide the

☐ Yes ☐ No

VDACS certification number? \_\_\_\_\_

### 5. Class B Biosolids

Do you produce Class B biosolids? If yes, complete Part 2.

☐ Yes ☒ No

Are Class B biosolids from your facility land applied under the authorization of this VPDES Permit? If yes, complete Part 3.

☐ Yes ☐ No

### 6. Land Application Under a Separate Permit

Are biosolids from your facility land applied under the authorization of a permit other than your VPDES Permit?

☐ Yes ☒ No

Biosolids are land applied under the authorization of a ☐ VPA permit ☐ Another VPDES Permit ☐ Out of State

Complete items a - c for each VPA permit authorized to land apply biosolids from your facility.

a. Permittee Name

b. Permit No.

c. Include copy of any information you provide to the Receiving VPDES or VPA Permittee to comply with the "notice and necessary information" requirement of 9VAC25-31-530 F.

## VPDES Sewage Sludge Permit Application for Permit Reissuance

### Part 2 – Biosolids Characterization (To be completed by all facilities that generate biosolids that are land applied.)

1. Have there been changes to sludge treatment processes or storage facilities since the previous permit issuance/reissuance? ☐ Yes ☐ No
2. Do the biosolids generated under this permit that will be land applied meet one of the Class A pathogen requirements in 9VAC25-31-710 A 3 through A 8 or Class B pathogen requirements in 9VAC25-31-710 B 1 through B 4? ☐ Yes ☐ No  
Identify the pathogen reduction option utilized to demonstrate compliance with the pathogen reductions requirements and provide the data that demonstrate compliance with the applicable alternative. \_\_\_\_\_
3. Do the biosolids generated under this permit that will be land applied meet one of the vector attraction reduction requirements in 9VAC25-31-720 B 1 through B 10? ☐ Yes ☐ No  
Identify the vector attraction reduction option utilized to demonstrate compliance with the vector attraction reductions requirements and provide the data that demonstrate compliance with the applicable alternative. \_\_\_\_\_
4. Do the biosolids to be land applied meet the ceiling/pollutant concentrations in 9VAC25-31-540 B? ☐ Yes ☐ No
5. Has data from the most recent 3 samples for pH (S.U.), Percent Solids (%), Ammonium Nitrogen (mg/kg), Nitrate Nitrogen (mg/kg), Total Kjeldahl Nitrogen (mg/kg), Total Phosphorus (mg/kg), Total Potassium (mg/kg), Alkalinity as CaCO<sub>3</sub> (mg/kg), Arsenic (mg/kg), Cadmium (mg/kg), Copper (mg/kg), Lead (mg/kg), Mercury (mg/kg), Nickel (mg/kg), Selenium (mg/kg), Zinc (mg/kg) been submitted to DEQ? The samples shall be no more than 4½ years old and each sampling date shall be at least 1 month apart. ☐ Yes ☐ No  
If no, provide the data with this application. \_\_\_\_\_

### Part 3 – Land Application of Class B Biosolids (To be completed by all facilities that land apply Class B biosolids.)

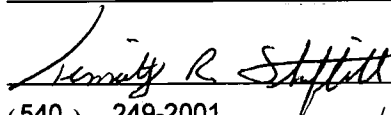
1. Provide to DEQ and to each locality in which biosolids are to be land applied, written evidence of financial responsibility. Evidence of financial responsibility shall be provided in accordance with 9VAC25-31-100 P 9.
2. For each site, provide a properly completed landowner agreement for each landowner, using the most current Land Application Agreement - Biosolids Form (VPDES Sewage Sludge Permit Application Form – Attachment to Section C).
3. Are any new land application fields proposed at this reissuance? ☐ Yes ☐ No  
If yes, contact the DEQ Regional Office for additional submittal requirements.
4. For the currently permitted land application fields, are the previously submitted site booklets, maps and acreage accurate. ☐ Yes ☐ No  
If no, contact the DEQ Regional Office for additional submittal requirements.
5. Does the facility's Biosolids Management Plan on file with DEQ include the following minimum information? ☐ Yes ☐ No
  - a. An odor control plan that addresses the abatement of odors resulting from the storage and/or land application of biosolids.
  - b. A description of the transport vehicles to be used.
  - c. Procedures for biosolids offloading at the land application site including spill prevention, cleanup (including vehicle cleaning), field reclamation, and emergency notification and cleanup measures.
  - d. A description of the land application equipment including procedures for calibrating equipment to ensure uniform distribution and appropriate loading rates.
  - e. Procedures used to ensure that land application activities address notification requirements, signage requirements, slope restrictions, operation limitations during periods of inclement weather, soil pH requirements, buffer zone requirements, and site restrictions.
  - f. Any other information necessary to ensure compliance with the requirements of the Biosolids Program of the VPDES Permit Regulation (9VAC25-31-420 through 720).

### Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Official Title Timothy R. Shiflett, Plant Manager

Signature



Telephone number / Email (540) 249-2001 / tshiflett@pactiv.com

Date signed

6/26/2015

(Based on a review of this information, it may be necessary to submit additional information to meet other legal or technical review requirements.)



# HRRSA

[www.hrrsa.org](http://www.hrrsa.org)

P.O. Box 8  
856 North River Road  
Mt. Crawford, VA 22841  
PH(540) 434-1053 • FX(540) 434-5160

MEMBERS

Bridgewater • Dayton • Harrisonburg  
Mt. Crawford • Rockingham Co.

June 29, 2015

Mr. William R. Youell, P.E.  
Pactiv LLC – Grottoes Plastic Plant  
149 Grand Caverns Drive  
Grottoes, VA 24441

RE: Activated Sludge from Pactiv's Aerobic Digester (VA0001767)

Dear Mr. Youell:

The Harrisonburg-Rockingham Regional Sewer Authority (HRRSA) will accept domestic wastewater treatment solids from the referenced facilities in accordance with the following conditions:

- compliance with HRRSA's Operating Rules and Regulations & HRRSA's Waste Acceptance Rules and Regulations in effect at the time of transport
- provide independent analytical data on the solids for approval prior to transport
- provide certification that the material is "Non-Hazardous"
- payment of established treatment fees

The treatment of solids generated by "offsite sources" will be limited by operational and other considerations as necessary. We reserve the right to limit quantities and types of solids accepted.

If you have any questions, please contact Anita Riggleman at 540-434-1053, ext. 227 or by email at [ariggleman@hrrsa.org](mailto:ariggleman@hrrsa.org).

Sincerely,

FOR Sharon G. Foley, P.E.  
Executive Director

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in The Daily News-Record in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed: Pactiv LLC – Grottoes Plastics Plant

Owner: Reynolds Group Holdings Inc.

Agent/Department Address: William Youell

149 Grand Caverns Drive

Grottoes, VA 24441

Agent's Telephone No.: 540-249-2022

Printed Name: William Youell

Authorizing Agent – Signature: 

Date: June 25, 2015

VPDES Permit No. VA0001767  
Facility Name